

NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09017743										
Total Fee Calculation										
	Fee Code	Total # Claims	Number Extra	X	Fæ	Fee =	Total			
	Sm./Lg				Sm. Entity	Lg. Entity				
Basic Filing Fee	201/101	v /			<del></del>		1)90			
Total Claims >20	203/103	-20 =	·	x		<del></del>	<del></del>			
Independent Claims >3	202/102	-3 =		X						
Mult. Dep Claim Present	204/104									
Surcharge	205/105				<del></del>		130			
English Translation	139									
TOTAL FEE CALCUL	ATION						920			
Fees due upon filing the application:										
Total Filing Fees Due = \$										
Less Filing Fees Subr	mitted -\$_	$\emptyset$	·							
BALANCE DUE	= \$ _	920	<del></del>							

				<u> </u>						·				
								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997								RD		09	01	774	3	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAL TYPE	L ENTITY	OR (	7.1	R THAN ENTITY		
FOR N		NUMBE	JMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE		
BASIC FEE								395.00	OR		790.00			
TOTAL CLAIMS			minus	20 =	*		×	\$11=		OR	x\$22=			
INDEPENDENT CLAIMS			minus 3 =		*			x41=		OR	x82=			
MULTIPLE DEPENDENT CLAIM PRESENT							╽┟	 ·135≔			+270=	<del> </del>		
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	TOTAL		OR		200		
									IOIAL	L	OR	TOTAL	1-10	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMAL	L ENTITY	OR	OTHER THAN R SMALL ENTITY		
ENT A		REM/ AF	AIMS AINING TER DMENT		PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	· 6	3	Minus	** (	20	=43	X	\$11=	387.00	OR	x\$22=	/	
ME	Independent	* (	5	Minus	***	3	= 2	,	×212	78.00	OR	x82=	1560	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+	135=		OR	+270=			
								ADD	TOTAI	465,00	Page !	TOTAL ADDIT. FEE		
TE L		CL/ REM/ AF	imn 1) AIMS AINING TER		HI NI PRE	olumn 2) IGHEST UMBER EVIOUSLY	(Column 3) PRESENT EXTRA	lΓ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
<b>AMENDMEN</b>	Total	*	DMENT	Minus	**	AID FOR			\$11=		OR	x\$22=	FEE	
ENC	Independent	*	1	Minus	***	5		<b>!</b>	χ41=		OR	x82=		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	2	125	OR	+270=	<del> </del>		
								Į	/3 s =	1/35.00	ł	TOTAL	<u> </u>	
		<u>,                                     </u>	umn 1)	· · · · · · · · · · · · · · · · · · ·	, — ·	Column 2)	(Column 3)	ADE	OIT. FEI		OR	ADDIT. FEE	L	
ENT C		REM/ AF	AIMS AINING TER DMENT		N! PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	!	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	18	Minus	**	43	=	-  ×	\$11=		OR	x\$22=		
	Independent	*		Minus	***	5	=	[;	x41=		OR	x82=		
<b>V</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														